

# Foster Family Home - Corrective Action Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

479 Luakaha Street

Hilo HI 96720

Review ID: 2-130042-8

Reviewer: Jackie Chamberlain

Begin Date: 10/25/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3 bed CCFFH corrective action required due to CTA within 30 days

## Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

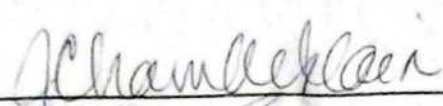
49.a.2 There are no grab bars at toilet in the client bathroom

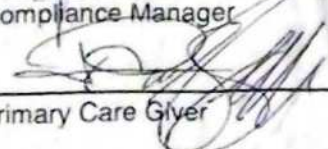
## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 – <sup>30x</sup> medication prescription label did not match medication administration record and / or signed MD order

  
Compliance Manager

  
Primary Care Giver

10/28/2020  
Date

10/28/2020  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: ROMEO SALOM JR, PCG/CNA

(PLEASE PRINT)

CCFFH Address: 479 LUAKAHA ST. HILO, HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(a)(2)	Grab bars in bath and toilet rooms used by the client, as appropriate;  Bought a deluxe bathroom safety toilet rail-Adjustable toilet safety frame-Medical Handrail Assist grab bar handle. Ordered it on November 5, 2020 and it was delivered on November 9, 2020	Nov 9, 2020	Will make sure that client bath and toilet is always equipped with safety devices for the safety and protection of client. Safety devices for assistance of client will always be available for client use.
54.(c)(5)	Medication schedule checklist.  Contacted and kept in contact with case management agency, [REDACTED], and pharmacy to make sure that all prescribed medication by the doctor matches medication list, medication profile, and label on medication are in unison. Attached will be the medication list signed by the doctor, a copy of medication profile that was reviewed by RN/CM  The correct dose of medication [REDACTED] was given. ( page 5 of Medication profile explains the breakdown of how medication is given)  [REDACTED] Has been discontinued on [REDACTED]. Attached will be the signed Medication list that was reviewed and updated by PCP/ Doctor at the time (dated [REDACTED])	Nov 4, 2020	Will make sure that Signed Medication list by PCP/ Doctor , Medication profile, and labels on medication are in unison at all times. When picking up Medication from pharmacy every month will make sure that the labels match doctors orders and medication profile.  If for any reason that Signed Medication list by PCP/ Doctor , Medication profile, and labels on medication DO NOT MATCH, I will take corrective action in making sure that it is corrected immediately.  Will make sure to do full medication reconciliation with RN/CM every month.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 11/18/2020

☒ CTA has reviewed all corrected items